

**Monitor Assigned
Corrective Action Plan (CAP)
Procedures**

Site Name:

Staff Name:

Instructions:

- Site Staff must complete one form for each finding identified by the monitor that requires a procedure to be created.
- Read each item below and provide a response in each box to permanently correct the finding and ensure your CAP is approved.
- Save a copy of each CAP with an identifiable name.

CAP Due by:

INSTITUTION USE ONLY

CAP Approved:

Monitor's Initials:

1. Identify the Finding:

2. Finding Correction - Detail the following in the chart below:

- A. Change in site's procedures that were made to permanently correct the finding, i.e. list steps being completed so the finding does not happen again. Be specific so someone who has never completed the steps before understands what must be done. *Do not restate the issue with assurances, e.g., "we will do the meal count sheet."*
- B. When the steps are completed, i.e. (daily, weekly, monthly, annually)
- C. Staff responsible for the procedures/steps listed in #2A. Identify position(s)/title(s) of staff.
- D. Monitoring: How steps listed in #2A will be monitored to ensure they are conducted, identify staff responsible for monitoring (position(s)/title(s) of staff)

A. Change in agency procedure - Detail steps being completed	B. When steps are completed	C. Staff responsible for steps
D. Monitoring		

3. Maintaining Records: Explain where records are maintained on file.

4. Implementation: When will the procedures/steps to correct the finding begin? *Provide a specific date. Do not state "immediately" or "moving forward."*

5. **Training:** If it is required to train staff on new procedures/steps, provide date of training, attendees, topics covered, and resources used. If not applicable, write N/A.

6. **Resources/ Support Documentation:** If requested as part of corrective action, identify additional documentation submitted to support the finding correction, i.e. menus, receipts, handbooks, etc. Submit this information as a separate document. If not applicable, write N/A.

Site Staff Name:

Signature:

Date:

Monitor Name:

Signature:

Date

2nd Party Reviewer Name:

Signature:

Date: